

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

13563

State File No.

FILED MAY 5 1953

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| BIRTH NO. | | REG. DIST. NO. <u>61</u> | | PRIMARY REG. DIST. NO. <u>4107</u> | | Registrar's No. <u>23</u> | |
| 1. PLACE OF DEATH a. COUNTY <u>Cedar</u> | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Cedar</u> | | | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>El Dorado Springs</u> | | c. LENGTH OF STAY (In this place) <u>0201</u> | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>El Dorado Springs</u> | | d. STREET ADDRESS (If rural, give location) <u>306 West Marshall</u> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>306 West Marshall</u> | | | | d. STREET ADDRESS (If rural, give location) <u>306 West Marshall</u> | | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) <u>Carl</u> | | b. (Middle) <u>Evander</u> | | c. (Last) <u>Stacy</u> | | 4. DATE OF DEATH (Month) (Day) (Year) <u>APR 15 1953</u> | |
| 5. SEX <u>Male</u> | | 6. COLOR OR RACE <u>White</u> | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u> | | 8. DATE OF BIRTH <u>4-10-1898</u> | |
| 9. AGE (In years last birthday) <u>55</u> | | 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Welder</u> | | 10b. KIND OF BUSINESS OR INDUSTRY | | 11. BIRTHPLACE (City and State or Foreign Country) <u>Oklahoma</u> | |
| 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u> | | 13a. FATHER'S NAME <u>Daw Stacy</u> | | 13b. MOTHER'S MAIDEN NAME <u>Dacia Bigman</u> | | 14. NAME OF HUSBAND OR WIFE <u>Minnie Stacy</u> | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u> | | 16. SOCIAL SECURITY NO. <u>511-10-1676</u> | | 17. INFORMANT'S SIGNATURE OR NAME <u>Minnie Stacy - El Dorado Springs</u> | | | |
| 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death. | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma of R. lung.</u> ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>163X</u> | | | | INTERVAL BETWEEN ONSET AND DEATH <u>5 1/2 mos.</u> | |
| 19a. DATE OF OPERATION <u>Jan. 53</u> | | 19b. MAJOR FINDINGS OF OPERATION <u>Carcinoma middle lobe rt. lung.</u> | | | | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | |
| 21a. ACCIDENT SUICIDE HOMICIDE (Specify) | | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) | | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) | | | |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m. | | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | 21f. HOW DID INJURY OCCUR? | | | |
| 22. I hereby certify that I attended the deceased from <u>4 Nov</u> , 19 <u>52</u> to <u>15 April</u> , 19 <u>53</u> , that I last saw the deceased alive on <u>15 April</u> , 19 <u>53</u> , and that death occurred at <u>5:10 A.M.</u> , from the causes and on the date stated above. | | | | | | | |
| 23a. SIGNATURE <u>Wm J. Hill M.D.</u> | | | | 23b. ADDRESS <u>El Dorado Springs, Mo.</u> | | 23c. DATE SIGNED <u>16 Apr. 53</u> | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | | 24b. DATE <u>4-17-53</u> | | 24c. NAME OF CEMETERY OR CREMATORY <u>El Dorado Springs</u> | | 24d. LOCATION (City, town, or county) (State) <u>El Dorado Springs, Mo.</u> | |
| DATE REC'D BY LOCAL REG. <u>APRIL 16, 1953</u> | | REGISTRAR'S SIGNATURE <u>H. H. Brown</u> | | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Wm J. Hill</u> | | | |

418-0 (Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed May W. Pickering

Licensed Embalmer No. 4696

P. O. Address El Dorado Springs

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.